



A Public Service Agency

APPLICATION FOR:

☐ Replacement ☐ Transfer ☐ Duplicate ☐ Name Change (No Fee)

Reporting change of Residence Address Only—Complete Reverse Side

TYPE OF LICENSE

☐ Driving School Instructor's License ☐ ATV Safety Instructor's License

FEE — \$15.00 (Non Refundable)

(For Replacement and Transfer Applications, I.D. card and license must be surrendered.)

FOR DEPARTMENTAL USE MUST COMPLETE PHASE III – 20M COLLECTION

TEMPORARY PERMIT NO.

AMOUNT

OFFICE

OFFICE NO.

DATE

CASHIER NO.

**ATTACH THE DMV FILE COPY TO THIS
APPLICATION AND FORWARD TO
OCCUPATIONAL LICENSING, SACRAMENTO.**

PRESENT INSTRUCTOR LICENSE NO.

EXPIRATION DATE

NAME OF APPLICANT

PHONE NO.

LIST PREVIOUS NAME, IF APPLYING FOR NAME CHANGE

DRIVER LICENSE NO.

EXPIRATION DATE

BIRTHDATE (MINIMUM AGE IS 21)

HOME ADDRESS (STREET)

CITY

STATE

ZIP CODE

PREVIOUS SCHOOL/ORGANIZATION AND NO.

SCHOOL/ORGANIZATION ADDRESS

NEW OR CURRENT SCHOOL/ORGANIZATION AND NO.

SCHOOL/ORGANIZATION ADDRESS

COMPLETE THIS SECTION FOR TRANSFER — DRIVING INSTRUCTOR

I request the Department of Motor Vehicles issue the above-named applicant a license as an instructor in my employ. If a license is issued, I will exercise careful supervision over his/her instructional activities while so employed.

I certify this school is in compliance with workers' compensation requirements, set forth in Section 3700 of the California Labor Code, regarding the above employee.

Indicate if ☐ SCHOOL CAR or ☐ INSTRUCTOR'S CAR will be used. (Check one or both.) If instructor's car, submit safety inspection certificate.

SIGNATURE OF OPERATOR OF NEW SCHOOL

DATE

X

COMPLETE THIS SECTION FOR TRANSFER — ATV INSTRUCTOR

Above named applicant is being sponsored by my organization. I request the Department of Motor Vehicles issue this applicant a license as an instructor.

SIGNATURE OF ORGANIZATION'S PRINCIPAL

DATE

X

COMPLETE THIS SECTION FOR DUPLICATE

On or about _____ my Instructor's License was:

☐ Lost
☐ Stolen

☐ Mutilated (must be surrendered)

☐ License Only

☐ ID Card Only

☐ License and ID Card

I am currently employed at the above school location.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

EXECUTED AT (CITY, STATE)

ON (DATE)

APPLICANT'S SIGNATURE

X

NOTE TO APPLICANT: Your Instructor's ID Card and License must be surrendered.



<p align="center">FOR DMV FIELD OFFICE USE — MUST COMPLETE —</p>
<p>Instructor License #</p>

REPORT OF CHANGE OF ADDRESS OF AN INSTRUCTOR

Instructions:

1. Fill in your Instructor License Number in the space at the top of the form.
2. Print your name as it appears on your license.
3. Give employer's name, address and occupational license number as it appears on the license.
4. Complete the form by placing your signature on the bottom line.
5. Write new address on the reverse side of your license.
6. Mail completed report of address change to Department of Motor Vehicles, Licensing Operations Division, Occupational Licensing Branch, P.O. Box 932342, Mail Station N224, Sacramento, CA 94232-3420.

IMPORTANT — DO NOT send your license with the report of change of address.

PLEASE REPORT A CHANGE OF RESIDENCE ADDRESS TO THE DEPARTMENT WITHIN FIVE DAYS (11108.5c CVC).

NAME (PRINT FIRST, MIDDLE, LAST)	BIRTHDATE
NEW MAILING ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	
NEW RESIDENCE ADDRESS (NO. AND STREET, CITY, STATE, ZIP CODE)	
DATE OF ADDRESS CHANGE	
EMPLOYED BY (FIRM NAME)	OCCUPATIONAL LICENSE NO.
ADDRESS (NO. AND STREET, CITY, STATE)	
SIGNATURE X	DATE